


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000051173 1. Entity Name AVANTI ENTERPRISES, L.L.C.	
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Principal Place of Business 37814 TIFFANY ROAD DADE CITY FL 33525	Mailing Address P.O. BOX 1101 ZEPHYRHILLS FL 33539-1101
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number 01-0817548
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
Zip	Country	Zip

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent MARINARO, FRANK 37814 TIFFANY ROAD DADE CITY FL 33525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

U00000608325
02/01/07-80029-023 50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM <input type="checkbox"/> Delete MARINARO, FRANK 37814 TIFFANY ROAD DADE CITY FL 33525	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM <input type="checkbox"/> Delete MARINARO, MARY LOU 37814 TIFFANY ROAD DADE CITY FL 33525	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Frank Marinaro* - **FRANK MARINARO** - 01/18/07 | 352
521
3314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #